PATENT & TRADEMARK OFFICE
APR 0 1 2004
JC112

PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 16869Y-097200US

In re Application of Kiminori SUGAUCHI, et al.	
Application Number 10/678,391	Filed October 3, 2003
For NETWORK MEASUREMENT CONFIGURATION APPARATUS	
Art Unit	Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☒	One month (37 CFR 1.17(a)(1))	$110
☐	Two months (37 CFR 1.17(a)(2))	$
☐	Three months (37 CFR 1.17(a)(3))	$
☐	Four months (37 CFR 1.17(a)(4))	$
☐	Five months (37 CFR 1.17(a)(5))	$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.. Registration Number 27,431

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____ .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 30, 2004
Date

Signature

Robert C. Colwell, Reg. No. 27,431
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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